

1910 - Sara Parsons 1910-1920

1910-1920 - Notes, Articles

"Central School of Nursing and Public Health" - Removed to
Overseas Box

SUGGESTIONS FOR CONFERENCE ON TRAINING OF HOSPITAL SUPERINTENDENTS.

1. Function of a hospital. Types of hospitals. Are cottage hospitals justifiable?
2. Relation of a hospital to the community. As a teaching center.
3. How can the responsibilities of the hospital to the public, to the staff, to medical students, the student nurses, and to the patients in the wards be correlated?
4. Would a central bureau of information in hospital construction, furnishing, organization, with expert consultants on functions of different departments (nursing, dietetic, outpatient departments, social service, x-ray, pharmacy, etc.) be useful to country at large?
5. How should the Board of Trustees be made up so as to insure the best management of a hospital?
6. For what qualities should the superintendent be chosen?
7. What type of man or woman should be selected for superintendent? Doctor? Layman? Nurse?
8. Duties of hospital superintendent
In large hospitals (Administrative or both
Professional)
- If both, how thoroughly must the superintendent understand architecture? Finance? Commerce? Management of laundry, kitchen, and nursing department?
If administrative and professional duties are to be under separate heads, how shall the duties of both positions be made to correlate?
9. Is best type of organization of hospital under one head? (Each head of department responsible directly to superintendent, or heads of domestic departments under superintendent of training school?)
10. Shall heads of departments have access to trustees or executive board of hospital?

11. What type of nursing service should a hospital have? (Graduates? School for training nurses or for training attendants, or both?) What type of hospital is suitable for maintaining a school for nurses?

12. Duties of superintendent in small or medium sized hospital.

13. How should it be staffed?

14. Where should the superintendent be educated? University? Hospital? or both?

15. How much practice? How much theory?

16. How far can business principles be made to fit hospital administration?

17. How far is it justifiable to use hospitals primarily for the care of the sick, for research?

18. Should nurse superintendent have same privileges as man superintendent? (separate home, equal salary, etc.)

19. Should her preparation for the work differ from that of a man?

I heartily endorse Miss Noyes' statement that the nursing problem is a community problem and must go back to the community.

As I see the situation today there must be a reorganization of our schools; a sound theoretical foundation, ^{constructively} on which to build ^{the} practice of nursing; ~~instructed~~ ^{instructed} a readjustment ⁱⁿ ^{the} present relation between hospitals and nursing schools; conservation of physical strength of ^{practical} ~~the~~ ^{and} the maximum of experience given in the minimum of time. There are outstanding needs which necessitate a substantial financial appropriation for educational requirements.

The economic obstacle is the rock on which our ship has nearly split.

There are also mental readjustments required before we shall have retrieved the nursing situation.

The mental and spiritual qualities needed in the young women who shall do our health work merit the recognition given to other professions.

Florence Nightingale said, "the cardinal virtue of a district nurse" was "practical wisdom" to grasp and comprehend, to sympathize, to regulate and order, to discriminate between true and false, to penetrate to causes, to plan for regeneration. She must have intellectual mobility combined with quiet persistence and effectiveness."

If that was true 50 years ago it is equally true today and if it is true of district nurses must it not be equally true of those who educate nurses?

Consequently as developed up to the present day with little or no symmetrical plan or co-ordination between those who serve & all

arrived; and since so many interests are involved in adjustments that must be made, we need to have a dispassionate study made of the present system of nursing education; a plan ^{should be} evolved which will commend itself to the intelligence and experience of those best fitted to judge of its value, by which a model school can be demonstrated.

When such a study is made it will be found that student nurses are being used in many non-essential ways from a nursing standpoint and were the students relieved from these tasks the alleged shortage of ~~students~~ for nursing purposes will not be nearly as serious as now stated. Particularly in hospitals for the insane which deserve especial consideration there are various types of employees that might be substituted for students.

Some of the facts that will be disclosed by a frank study of our schools will not be palatable but the time has come when we can no longer afford like the ostrich to hide our heads in the sand. The facts must be faced that our destiny as "Health Missionaries" may be fulfilled.

m.d.

probably Sarah E. Pearson

? SE Parsons &
ind. 1919 period ?

SUGGESTIONS FOR TOPICS WHICH MIGHT BE CONSIDERED
AT CONFERENCE ON NURSING EDUCATION.

What is a trained nurse?

What must her education be to meet the requirements?

Where and how can this education be obtained? Central School? University school or Hospital schools?

If in a Central School how can the hospital experience be secured and controlled as to equipment, type of work and hours?

Acknowledging that the best feature of our good hospital schools is the close correlation of theory and practice, and the worst feature the subordination of the interests of the student to the economic necessities of the hospital or to the convenience or the preferences of the staff, how shall these inconsistencies be reconciled?

How shall the public be aroused to the necessity of endowments for nursing schools?

Is the public need of nurses' work sufficient to warrant a demand for state appropriations for nursing schools? (such as state normal and state universities)

Where and how can we best educate the trained attendant for chronic or other types of patients who do not require the trained nurse?

Is there a field for the trained male nurse on the same basis as the female nurse?

What must be comprehended in a fundamental course for the practice of general nursing?

Shall specialization take place during the regular course of training?

Is there any part of this fundamental course which may be eliminated for one who is to specialize? If so what about State Board examinations?

Shall hospitals continue to regard a training school the only resource for nursing service?

*Proposed by Miss Cannon
April 1920*

Name

Mass. General Hospital Normal School for Nurses or
College for Nurses or
School for Nurse Administrators,
Instructors and Health Workers.

Control

Board of Educators and Representatives from the fields of
Administration, Public Health and Medical Science.

For example

Dr. Edsall (rep. medicine, health and education)
Dr. R.C. Cabot (rep. medicine, social service)
Dr. Washburn (rep. medicine and administration)
Anne Hervey Strong (rep. nursing, health and education)
Mary Beard (rep. nursing, health and education)
Mrs. Nathaniel Thayer (rep. hospital administration and nursing educa.)
Mrs. W.W. Vaughan (rep. nursing education)
Josephine Thurlow (rep. hospital administration and nursing education
Superintendent of Cambridge Hospital.)
Pres. of Simmons College (rep. education)
Dean or Superintendent of the School
Ida Cannon (rep. Social Service and nursing education)

Expense

For a school of two hundred to two hundred and fifty students
the theoretical work could be done in the class and lecture rooms
now available with the addition of a laboratory large enough to
accommodate a group of twelve or fourteen students.

New Expense. Laboratory and Equipment.-- Salaries for
Dean of School, assistants, graduate heads of departments, instructors
as well as salaries for clerical force and ward helpers. (The latter
are required to relieve the nurse of manual labor which has no edu-
cational value).

Salaries are estimated to cover cost of maintenance (for nurses
forty-five (\$45.00) per month maintenance).

Dean	\$4000.	\$4000.
Ex. Ass't.	3000.	3000.
Secretary	1500.	1500.
2 Supervisors each	2000.	4000.
Stenographer	900.	900.
2 Theoretical instructors in residence each	2500.	5000.
2 Practical instructors	2500 & 2000	4500.
35 Graduate head nurses	1280 - 2000	47800.
20 Ward Helpers each	73	
(maintenance 33. pay $\frac{40}{73}$)		17520.
Medical & Surgical instructors for lectures and clinics at \$5.00 per hour 400 hours	2000	2000.
2 Dietitians each	2000.	4000.
		<u>94.220</u>
	Scholarships	2.000
	maintenance of	27.000
	students doing elec. work.	-----
		<u>123.220</u>

This budget does not cover maintenance of students during preliminary course. Students now pay \$40.00 tuition for four months course. I do not know whether many could pay tuition for whole course or not. During the second year the value of their work would be at least an equivalent for maintenance.

I have always felt that many nurses could and would pay tuition for a real educational training. If there could be a loan fund, students without financial resources could borrow, give a life insurance for security, and easily pay it back at end of course by a few weeks of special duty before receiving her diploma, or after.

We do need twenty or more \$100.00 scholarships for women with superior qualifications. Many of the best students are daughters of missionaries or other poor professional people.

About half of the student's work during the third year would be valuable to the hospital, but some of the elective work would be valuable to the pupil only, and an expense to the hospital. If fifty students a year did elective work the cost of maintenance would be about \$27,000.

The need of well trained hospital and training school superintendents is great. Most hospitals (except physicians' private institutions) of less than two hundred beds are in charge of nurses. There has never been a thoroughly satisfactory administration course. The best up to date have been conducted on the apprenticeship system.

A good course for bedside nursing could undoubtedly be given in three years by eliminating unnecessary manual work. (Attendants for chronic and convalescents could be trained well in one year. They would also be valuable as assistants to trained nurses.)

Education of Nurses

Private duty (Ordinary critical cases, nerve and mental
requiring well (cases, Diabetics.
trained nurses (

(Supts. of hospitals.
Administration (Supts. of training schools

(Out-Patient Department
Heads (Maternity
of (Contagious
Depts. (Pediatric
(Surgery
(Medical
(Operating Room
(Private

to be used in the same way as the other two. The first two are used for the same purpose, but the third is used for a different purpose. The first two are used for the same purpose, but the third is used for a different purpose. The first two are used for the same purpose, but the third is used for a different purpose.

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Statement of Assets

Assets only
 Personal property
 Real estate

Liabilities only
 Personal property
 Real estate

Assets only	Personal property
Real estate	Personal property
Liabilities only	Personal property
Real estate	Personal property

Instructors (Practical
(Theoretical
(Home Nursing

Anaesthetizers

	(School	
	(District	(Factories
	(Industrial	(Stores
	(Rural	
Public Health	(Pre-Natal	
	(Infant Welfare	
	(Tuberculosis	
	(Preventive blindness	
	(Venereal	
	(Insurance	

Outline of General or Fundamental Course for Nurses
three year course with one month vacation
each year.

Preliminary Course Eight months.

SCHEDULE OF HOURS FOR DAY

					16 weeks
Lecture class	3 hours	18 hours	a week		288 hrs.
Practical work	3 "	18 "	" "	" "	288 "
Study	2 "	12 "	" "	" "	192 "
					<u>768</u> 1 semester
					2
					<u>1536</u> 2 "

First Semester

Chemistry--class and Laboratory	90	
Anatomy and Physiology	135	
Drugs and Solutions	15	
History of Nursing	15	
Psychology	30	
Practical Nursing	288	
	<u>573</u>	
Study hours	192	
	<u>765</u>	hours.

Second Semester

Bacteriology--class and Laboratory	90	
Hygiene and Sanitation	15	
Materia Medica	30	
Foods - Nutrition-cooking	90	
Ethics	15	
Sociology	15	
Social Service	30	
Practical Nursing	288	
	<u>573</u>	
Study hours	192	
	<u>765</u>	hours.

Medical nursing 6 months	(2 mos. general adults	
	(2 mos. children	
	(2 mos. contagious (omit for Public Health)	
Surgical nursing	(2 mos. general	
	(1 month children (omit for Public Health	
	(1 month gynecological	
	(2 mos. orthopedic (omit for Administration)	
Operating Room	(2 weeks sterilizing	(omit
	(2 weeks prep. of patients and rooms	(for
	(2 weeks second assistant	(Public
	(4 weeks first assistant	(Health
Obstetrics	(2 weeks care of mothers	
	(2 weeks feedings	
	(2 weeks nursery	
	(2 weeks in case room	
	(4 weeks pre-natal and district. (omit for Administration).	
Social Service	2 months - class and field work	
Out-Patient Depart.	(2 weeks Female Medical	
	(2 weeks Female Surgical	

Class work in lectures and demonstration four hours per week should be given continuously covering the different kinds of work for the general as well as special courses.

Special Courses for Third Year

Public Health Hospital Work

Eye and Ear	2 months
Tuberculosis	1 month
Skin and Venereal	2 months
Nervous and Mental	3 months

Inst. Dist. N.A.

Field Work Five months in place of Operating Room, contagious and children's surgical.

This course is intended to fit a nurse for position of Assistant Superintendent.

Administration

Laundry	1 week)	
Drug room	1 week)	In place of district
Kitchen	1 week)	obstetrical month
Serving Room	1 week)	
Admitting Office	1 week)	
Training School office		
Supervising	1 week)	
Records	1 week)	
Supt. of Nurses	1 week)	In place of
		two months
Library	1 week)	orthopedics
Out-Patient Department	1 week)	
Store	1 week)	
Amphitheatre	1 week)	

Head nurse of Ward 4 months

Ass't Superintendent of Hospital or School 1 month

Extra time should be spent visiting other hospitals and schools.

Lecture courses planned for this course.- administration problems, community responsibilities.

For nurses who wish to specialize in anaesthetics, operating, maternity or pediatric work, additional experience might be given in third year if student so desired, by substituting her chosen speciality for some other experience.

For those who wish to become teachers of science applied to nursing I would suggest eight months of the third year to be devoted to advanced courses in sciences she wished to teach, namely

Anatomy and Physiology
 Chemistry
 Bacteriology
 Sanitation
 Drugs and Solutions

This course would have to be taken in college unless we introduced to the school staff another highly qualified teacher of science. I firmly believe in properly qualified nurses as teachers of nurses in all branches not strictly medical or surgical because they can more readily correlate their theory to practice and emphasize facts necessary for nurses.

Statistics

Of the 552 graduates who are still in some kind of professional work to our knowledge, 365 are doing other kinds of nursing than private work.

Forty-five are Superintendents of hospitals.

Milford Hospital, Mass.
 Framingham Hospital, Mass.
 Melrose Hospital, Mass.
 Malden Hospital, Mass.
 Quincy Hospital, Mass.
 Holyoke Hospital, Mass.
 Cooley Dickerson Hospital, Northampton.
 Devereaux Mansion Sanitarium, Marblehead.
 Anna Jaques Hospital, Newburyport.
 Hale Hospital, Haverhill.
 Beverly Hospital, Beverly.
 Peabody Hospital, Peabody.
 Infants Hospital, Boston.
 Cable Memorial Hospital.
 Plunkett Memorial Hospital, North Adams.
 Weason Maternity Hospital, Springfield.
 New England Baptist Hospital, Boston.
 Corey Hill Hospital, Brookline.
 Cambridge Hospital, Cambridge.
 Stillman Infirmary, Cambridge.
 Phillips House, Massachusetts General Hospital.
 Eliot Hospital, Boston.
 St. Luke's Home for Convalescents.
 Vincent Memorial Hospital, Boston.

9 in
New York

Tuberculosis Hospital, Albany.
Rochester General Hospital (300 beds)
Faxon Hospital, Utica.
Ithaca Hospital
Corning Hospital
Mineola Hospital, Long Island.
Ellis Hospital, Schenectady (175 beds)
Olean Hospital, Olean.
Glens Falls Hospital.

1 Glasgow, Scotland
1 Athens, Greece
2 Illinois---(Chicago Central Dispensary
(Decatur and Macon County Hospital
5 New England States
1 New Brunswick

Twenty are Superintendents of training schools.

6 in
Boston

Mass. General Hospital.
Peter Bent Brigham Hospital.
New England Baptist Hospital.
Psychopathic.
Adams Nervine Asylum.
McLean Hospital.

7 in
New York

Albany Hospital.
Rochester General.
Brooklyn Hospital.
Bellevue School of Midwifery.
Fordham Hospital.
Knickerbocker Hospital.
Peck's Memorial Hospital.

1 Rhode Island
1 St. Louis, Mo. (Barnes Hospital)
2 California
1 Pennsylvania
1 New Jersey
1 Conn.

Public Health and Social Service.

58 (2 On Boston Board of Health
 (1 Director Public Health Nursing Pacific Division
 and 14 who (1 Ex. Secretary Anti-T.B. Society of Denver
 are taking (1 Superintendent Visiting Nurse Association, Okla.
 college (1 Ex. Secretary Child Welfare Association, Minn.
 Public Health
 courses. {
 { Others scattered all over the country doing tuberculosis,
 { industrial welfare, anti-venereal and infant welfare, etc.
 {

14 Instructors in theory and practice of nursing.
 5 Missionaries-- China, India, Africa.
 4 Red Cross Workers -- Siberia, France.
 1 Ex. Secretary College of Physicians and Surgeons
 1 Editor American Journal of Nursing
 116 doing miscellaneous kinds of institutional work.

Among 191 students now in the School 61 are from outside
 New England.

1 from England
 1 " France
 2 " China
 1 " Yukon
 1 " Serbia
 1 " Newfoundland
 6 " California
 1 " Bohemia
 2 " Can.
 3 " Illinois
 16 " New York State
 3 " Colorado
 1 " Washington
 3 " Iowa
 1 " Michigan
 2 " Ohio
 3 " New Brunswick
 3 " Nova Scotia
 3 " Wisconsin
 1 " Penn.
 1 " Maryland
 2 " Minn.
 1 " Utah
 1 " Kansas
 1 " Nebraska
 1 " Quebec

2 students are expected
 from Bohemia

16 students are volunteers
 for mission fields or
 are training to go to
 European countries.

We have 27 students with
 college degrees although
 we require a three year
 course.

About 50% of the students
 have partial college courses.

The New Haven Hospital and the Albany Hospital illustrate what happens when the nursing department is allowed to degenerate. Doctor Ordway said four years ago that he could go no further in the development of the medical school until better nursing was introduced into the hospital.

Altho' I do not now see how an ideal course for a Public Health nurse or for any nurse who wishes to do advanced work can be built up in less than three years, - I am open to conviction and shall be glad to try out any thing fairly if I get the opportunity. In my plan I have tried to eliminate waste of time and labor to make working hours reasonable and attractive, to give more theory, and to give greater variety which all nurses whom I know are now asking for.

Nurses and Labor Unions.

And,
S. E. Pearson

For years the Nurses State Associations have fought legislation designed to limit the working hours of nurses even though they realized that the long hours of duty in institutions and private homes were creating a prejudice against nursing as a profession that was diverting candidates from nursing schools into other occupations just as the low pay of teachers has driven many of them into better paid professions. Nurses have desired to bring about better conditions by the education of public opinion and they have also persistently and patiently tried to procure legislation that should protect the public and the nursing profession from the partially trained or untrained commercial nurse who is allowed in most states to practice without let or hindrance and thus to practically obliterate the ^{good} reputation of conscientious, thoroughly trained women who have no protection from the competition of the ignorant or unscrupulous nurses.

~~So far as I have been~~
It is not the nurses who have worked to elevate nursing standards and to make the profession worthy of the great founder of trained nursing who have unified us New York and who are joining the A. F. of L.

They are the nurses who belong to commercial directories and are probably those who have been trained in commercial hospitals to a trade of nursing which consisted of manual labor chiefly, a training from which intellectual development or ethical culture have been excluded.

What can be expected from the type of young girl that is admitted to many of our so-called schools, devoid of education, home training and who are put to hard labor for three years without decent living conditions, a reasonable opportunity for wholesome, refining recreation and who lack even elementary instruction in the practice, theory or ethics of their chosen work?

Will the reader ask himself or herself what he or she really knows about the institutions that are turning out nurses, also what he or she has done to improve standards of nursing education.

Ask yourself whether it is just to assume that because some nurses have joined a labor union that all

75E Bannan ?
n.d. ? 1919 print

(From SEP files, saved by
S. Johnson)

Massachusetts General Hospital

Post-Graduate

Private Nursing Course.

The Massachusetts General Hospital Training School for Nurses offers to a limited number of candidates, a four months' course leading to a certificate for private nursing.

Requirements. Applicants must be women with high school education or its equivalent; graduated from a recognized training school for nurses; registered, and must present recommendations as to their personal qualifications for private work.

Advantages offered. Students will be given practical experience, the first two months, in the mixed wards where the more serious medical and surgical cases are cared for; the third month will be spent in special medical work, where special diets are prescribed, and the fourth month in caring for private patients.

Lectures and Classes. Students will be given a series of demonstrations in advanced nursing methods. There will be weekly lectures on subjects pertaining to home nursing and nursing in private hospitals. The subject of special diets will be taken up by one of the dietitians. Practice in reading aloud will be a required part of the course.

There will be weekly quizzes on lecture work and discussion of private duty problems.

The text-books used will be DeWitt's "Private Duty Nursing", Parsons' "Nursing Obligations", and Tracy's "Invalid Occupations". At the end of the course an examination will be given and if satisfactorily passed, a special certificate will be awarded.

Object of Course. The demand for nurses especially trained for private work exceeding the supply, the object of the course is to prepare nurses

adequately for specializing in private hospitals, or in caring for patients who require dietetic treatment.

Uniforms. Students will be required to wear their complete school uniform, which must be in perfect condition. Four dresses and fourteen aprons are at least necessary.

Shoes must be black with broad, low rubber heels. No jewelry except a collar brooch, a watch, and school pin is permissible. Wrist watches are not allowed.

Hours of Duty. Hours on duty are from seven to seven, with two hours off each day, a half day off during the week, and a half day off on Sunday.

One month of the course may be on night duty at the discretion of the Superintendent of Nurses.

Expenses. No fee is charged and no compensation given, other than instruction, text-books and

maintenance, which are provided by the hospital.

Students may be admitted the 15th of each month. A personal application should be made when possible, on Wednesdays between 10 and 1 p.m. or at other times by appointment.

Address inquires to

Sara E. Parsons,
Superintendent of Nurses,
Mass. General Hospital.

Curriculum.

1st month-

Demonstrations weekly.

1. Bed baths and appliances.
2. Hot air baths.
3. Cupping and other counter irritants.
4. Application of a tourniquet and emergency devices.

Lectures weekly.

1. Equipment for private duty.
Approach to patient- rates- uniforms, etc.
2. Hospital specialing.
3. Travelling with patients.
4. Specialling new patients.

Quizzes weekly on above subjects with reference reading and discussion.

2nd month-

Demonstrations weekly.

1. Preparation of special beverages and trays.
2. Slush baths.
3. Prep. of distasteful medicines.
4. Removing stains and care of furniture, flannels and linen.

Lectures Weekly.

1. The nurse and her relation to the patient's family and the servants.
2. The place of the nurse in the patient's home- eating- sleeping and off duty time.

3. Value of note book and records.
4. Duties of nurse in case of patient's death.

Weekly quizzes and discussions on above subjects.

3rd month.

Lectures and demonstration (2 hrs.)

1. Caloric value of food.
2. Diabetic diets.
3. Nephritic.
4. Other special diets.

Weekly quizzes and discussion on above subjects.

4th month.

Lectures weekly-

1. Invalid occupations.
2. Entertaining patients (adults)
3. " " (children)
4. The Nurses' Directory and professional organizations.

Weekly discussion of cases and practice work in occupations.

Massachusetts General Hospital

The Massachusetts General Hospital gives a six month course in hospital administration, twice a year, beginning May 1st and November 1st, to graduates of its own and other training schools.

Pupils live outside of the hospital. They will be on duty daily, excepting Sundays, from 8 o'clock in the morning until their work is completed in the afternoon, usually 5 o'clock. Pupils are required to wear either the uniform of their school or a white uniform. Two pupils only are taken for each course and preference is given those who have had some experience in executive work. It is the intention of the Hospital to assist in training nurses for the position of hospital superintendents rather than as superintendents of training schools. A fee of \$50. is charged for this course. Lunches will be provided by the Hospital.

The course is largely one of observation of the practical running of the different parts of the Hospital.

Pupils will be instructed in the admission and discharge of patients; will acquire some knowledge of bookkeeping, the ways of checking the purchase and use of supplies, and of conducting hospital correspondence. Instruction will be given in the methods of heating, lighting and ventilating buildings. Pupils will spend some time in the store-room of the hospital, the kitchen and diet-kitchen, laundry and the office of the training school. In the last named department they will be instructed in the relations of the training school to the other departments of the hospital and in the duties of the head nurses in charge of the sub-departments, like the Out-Patient Department, Surgical Building and Emergency Ward, and, in the duties of head nurses in the wards. Instruction will also be given by the Superintendent of Nurses in the methods of admission of pupils to the training school, their rotation of duty and their special courses.

The outline as given above is subject to change at the discretion of the Resident Physician.

Accommodations may be obtained at the Franklin Sq. House, Boston, or the Boston Y. T. C. A., Berkeley St., ranging from \$7. to \$14. per week. Other suitable arrangements for board and room may be made in the neighborhood of the Hospital.

Applicants should give the following information; Name in full, age, birthplace, general health, education before training, training school, year of graduation, experience since graduation (particularly in executive work), references.

Application should be made to Frederic A. Washburn, Resident Physician, Massachusetts General Hospital, Boston, Mass.

Outline of Practical Courses in Hospital Administration.

ADMITTING PHYSICIAN'S DEPARTMENT. Suitability of applicants, accident cases; emergencies; admitting and discharging patients; relations with charity organizations; police; newspapers; undertakers; arranging appointments; capacity of hospital; medical examiners; disposition of chronic cases; autopsies.

GENERAL OFFICE DEPARTMENTS. Record of admissions and discharges; deaths; receiving and giving out patients' property; care of same; pay rolls; cash accounts; patients' accounts; miscellaneous accounts; collecting material for reports; for statements; for comparisons.

RESIDENT PHYSICIAN: Purchasing supplies; methods of getting competitive bids and checking the same.

OFFICE OF FIRST ASSISTANT RESIDENT PHYSICIAN. Reports of heads of departments; relation of administration with trustees; with visiting staff; with house staff; with physicians outside of the hospital; with cities and towns; with public officials; with courts.

RECORD LIBRARY. Collecting, filing, binding, indexing of records; classification of cases; statistics for reports.

ACCIDENT WARD. Receiving, reporting and recording patients; care of patients' property and clothing; infectious cases; isolation; care of splints and apparatus.

SURGICAL BUILDING. General management.

STORE:) Ordering, receiving and disposing of supplies; perishable supplies; quantities; checking, requisitions; issuing; meat cutting, economical handling of the meats; cooperation between the store and kitchen; examining returned goods.

APOTHECARY'S DEPARTMENT. Contracts; ordering and receiving supplies; perishable supplies; quality and prices; issuing drugs and liquors; safeguards in issuing poisons.

OUTPATIENT DEPT. Organization; relation to House Department; examining applicants; record system; fees; drug department; social service; health boards; housekeeping.

HOUSEKEEPING Dept. Engaging and discharging help; wages; hours of work; discarding linen; sewing room; repairs of linen; accounting for linen; care of dormitories; vermin; care of floors; walls; windows; house cleaning methods; records of work done; examining garbage and reporting same; cremating ward waste; examining ward waste; time off; divisions of work.

KITCHEN. General management.

SERVING ROOM. General management; hours of meals; night meals.

DIET KITCHEN. Diets; requisitions; preparations.

LAUNDRY. Making soaps and solutions; care of infected clothing; hand and machine work; removal of stains; sorting gauze and bandages; washing and sterilizing for re-issuing; use and care of laundry machinery; blanket cleaning; counting laundry; size of laundry lists for various departments.

TRAINING SCHOOL. Relation to hospital superintendent and assistants; relation to matron; kitchen; laundry; relation to house officers.

Departments and wards; administrative; nursing (a) care of patients; (b) supervision and instruction of pupil nurses (c) maids' duties; (d) ward tenders' duties; equipment - linen, china, utensils; admission of pupils, rotation, special courses; school curriculum; discipline; health.

ENGINEERS' Department. Daily inspection throughout the hospital; heating; lighting; ventilation; refrigeration; purchase of coal; supplies; boilers; engines and pumps.

HOUSE SOCIAL SERVICE DEPARTMENT. Outline of Social Service work in the wards.

CONVALESCENT HOSPITAL: General Administration.

Frequent visits to nearby hospitals and industrial plants will be a part of the course.

OUTPATIENT DEPARTMENT. Organization, relation to hospital, etc.; examination of patients, record system, fees, etc.; general principles, health, hygiene, etc.

HOSPITAL DEPARTMENT. History and development of hospital, general principles, organization, etc.; examination of patients, record system, fees, etc.; general principles, health, hygiene, etc.

KITCHEN. General management.

LABORATORY. General management, history of medical, etc.

LIBRARY. General management, history, etc.

LECTURE ROOMS. General management, history, etc.

LECTURE ROOMS. General management, history, etc.

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LECTURE ROOMS. General management, history, etc.

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We must have the best of educational facilities, that is, training schools with the best of staff, equipment and hence endowments. It is another kind of vocational or technical education. Large sums spent in this way are not at the expense of the community if they result in better protection of health with the resulting increase in wealth production. To the training of physicians, of engineers of all kinds, of teachers, of architects, of other classes of workers, large endowments have been devoted because it was felt that it was for the common good that those entering these occupations should have better training than would be provided by merely commercial motives. Training ~~of~~ ~~for~~ ~~nurses~~ ~~have~~ ~~an~~ ~~equal~~ ~~claim~~ ~~to~~ schools for nurses have an equal claim to the consideration of men and women of wealth. As medicine and surgery have become more scientific in their methods of diagnosis, observation and treatment, the nurse must be more scientifically trained to be the intelligent assistant of the physician and surgeon. The best of teachers and laboratory equipment are needed for instruction in anatomy, bacteriology, chemistry, dietetics, materia medica, public hygiene, social service as for the practical nursing procedures. An eminent professor in a medical school wrote me as follows: "Bacteriology is absolutely fundamental in the work of the nurse, in fact it would not be unfair to say, at least so far as the surgical nurse and public health nurse are concerned, that her whole career is a problem in applied bacteriology. The technique of the nurse who assists in the operating room, the nurse who cares for the pneumonia patient in the home, and the nurse who is trying to educate the tuberculous family in the tenement, depends in each case for its success

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